

**MASSACHUSETTS ONE STOP EMPLOYMENT SYSTEM
PLAN FOR SUCCESS**

Customer Name:
MOSES Job Seeker ID:
Caseworker Name:

Case Plan Number:

SECTION I – ASSESSMENT

WORK EXPERIENCE

Company Name	Job Title	Salary	Unit	Start Date	End Date

JOB TITLES AND SKILLS SELECTION

Job Title	Months Experience	Certified ?	Match ?

SKILLS

- Apply Product Knowledge To Marketing Of Goods

OTHER SKILLS

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EDUCATION INFORMATION

DEGREES

Institution	Degree Type	Major Course Title	Start Date	End Date

LICENSES, CERTIFICATIONS AND REGISTRATIONS

Title	Type	Date Awarded	Date Expired

VOCATIONAL TRAINING

Institution	Course Name	Start Date	End Date

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TESTING / ASSESSMENT

Service Result	Service Date	Description

CAREER OBJECTIVE

LABOR MARKET INFORMATION SUPPORTING THIS GOAL

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SECTION II – GOALS AND PLAN OF ACTION

EMPLOYMENT GOALS

Goal Due Date	Goal Type	Goal Status	Task Due Date	Task

WORK READINESS GOALS

Goal Due Date	Goal Type	Goal Status	Task Due Date	Task

OCCUPATIONAL SKILLS GOALS

Goal Due Date	Goal Type	Goal Status	Task Due Date	Task

BASIC SKILLS GOALS

Goal Due Date	Goal Type	Goal Status	Task Due Date	Task

INDIVIDUAL GOALS

Goal Due Date	Goal Type	Goal Status	Task Due Date	Task

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Individual Tasks

Due Date	Individual Task Details

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SECTION III – STRENGTHS AND ASSETS

Top three strengths to support goals:

- 1.
- 2.
- 3.

Top three personal assets to support goals

- 1.
- 2.
- 3.

Family and Community Assets to support goals

- 1.
- 2.
- 3.

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SECTION IV – BARRIERS AND TRAINING JUSTIFICATION

BARRIERS TO ACHIEVING GOALS

	Barrier Name

Barrier Notes:

TRAINING JUSTIFICATION (IF NEEDED)

Training Item	Description

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SECTION V – SERVICES PROVIDED

GENERAL SERVICES

Service Date	Staff ID	Category	Service Detail	Career Center	Hours

TRAINING / ACTIVITY SERVICES

Last Update Date	Staff ID	Course	Provider	Status

EMPLOYMENT SERVICES

Service Date	Staff ID	Service Type	Service Result	Employer Name	Phone

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SECTION VI – NOTES

Case No.	Created Date	Created By	Notes	Confidential

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SECTION VII – SIGNATURES

I have assisted in completing this case plan, and I agree with the goals and actions listed in it. I am aware of my responsibility to continue to seek unsubsidized employment. I agree to the plan and to the level of cooperation and participation needed for me to complete this plan. I will meet with my caseworker on a periodic basis to discuss my progress in meeting my goals. I understand that my caseworker may need to meet with other staff or agencies on my behalf to help me reach my goals.

Signatures:

Customer: _____ Date: _____

Caseworker: _____ Date: _____